

Overpayment of Benefits

If your STD payments are not reduced by any other Disability payments, and you later receive payments from another source during the same time period as when you received STD payments, any overpayment of STD payments must be repaid to the Company. The same is true for any overpayments made in error by the Payroll Department. The Company reserves the right to take action necessary to recover these overpayments. Actions may include recovering overpayments through payroll deductions, direct billing, reducing future STD payments and/or disciplinary action up to and including termination.

Partial Short Term Disability

If you return to work with restrictions from your doctor that reduce your regularly scheduled work hours, you may qualify for a partial STD payment. Under the terms of the Company's policies for returning to work, your manager will partner with Human Resources to determine if your restrictions can be met. If your restrictions can be met and you are eligible for payments, the following example shows how your weekly partial STD payment will be calculated.

1. Type of Associate.....	Regular Full-time Hourly
2. Years of Service.....	5
3. # of hours you can work.....	25
4. Subtract the number of hours in line 3 from 40 hours..... (40 hours - 25 hours = 15)	15
5. Your weekly Earnings from the Weekly Earnings Table	\$ 400.00
	<i>For Regular Full-time Hourly Assoc. = Current Hourly Rate x 40 (\$10.00 per hour x 40 = \$400.00)</i>
6. Divide your weekly Earnings from line 5 by 40.....	\$ 10.00
7. % of income that you can receive based on the Benefits Schedule	75%
	<i>(5 Years of Service, first 6 weeks at 75%, then 9 weeks at 50%)</i>
8. Multiply line 6 by line 7 to find your adjusted hourly rate..... (<i>\$10.00 per hour x .75 = \$7.50</i>)	\$ 7.50
9. Multiply line 8 by the number of hours in line 4	\$ 112.50
	<i>(\$7.50 per hour x 15 hours = \$112.50)</i>

This Associate will receive \$112.50 a week for her/his first six weeks of Partial Short Term Disability. According to the Benefits Schedule, the Associate will receive 50% of her/his adjusted hourly rate times the number of hours in line 4 for the remaining nine weeks.

Claims

Filing a Claim

When you are absent from work due to a Medical Condition, it is important to report your absence(s) and provide required documentation to begin the claims process. For all medically-related absences expected to last more than five consecutive workdays, emergency and non-emergency, file an initial claim by following these steps:

1. Report your absence(s) to your manager and to the Associate Service Center. If you are unable to contact your manager and/or the Associate Service Center, have someone contact them on your behalf.
2. When you call the Associate Service Center, notify them about your absence(s) and request STD leave.
3. Mail or fax your completed Medical Certification and Authorization to Release Protected Health Information forms to the Associate Service Center. Forms can be found on www.mycircuitcityhr.com.

PHONE #	FAX #	MAILING ADDRESS
(800) 288-6353	(281) 298-0845	Associate Service Center P.O. Box 563986 Charlotte, NC 28256-3986

Maximum Benefit Period

The duration of your benefits is based on your age when your Disability begins.

- If your Disability begins prior to the date you reach age 62, your LTD payments will be made until the calendar month in which you reach age 65 as long as you continue to meet the definition of disabled, as defined by the Plan.
- If your Disability begins at or after age 62, benefits will be paid according to the schedule below.

AGE DISABILITY BEGINS	MAXIMUM BENEFIT PERIOD
61 or younger	To age 65
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Other Income Benefits

Your LTD payments will be reduced (but not below the minimum monthly payment) by other income benefits available to you or your family. Other income benefits include, but are not limited to, benefits available from the following:

- Disability, retirement, or unemployment benefits required or provided for under any law of the government
- 50% of any award provided under The Jones Act or Maritime Doctrine of Maintenance, Wages and Cure
- Disability or unemployment benefits under any plan or arrangement of coverage
- The Company Retirement Plan
- Any other work-related benefits

Partial Long Term Disability

Partial LTD applies when you return to work but cannot work your regularly scheduled hours due to restrictions associated with your condition. If you have income from any employer or any occupation for compensation or profit that is more than 20% of your adjusted predisability Earnings the monthly benefit will be reduced as follows:

- During the first 12 months that you have such income, the monthly benefit will be reduced only to the extent the sum of the amount of that income and the monthly benefit payable, without any reduction for other income benefits, exceeds 100% of your adjusted predisability Earnings.

Thereafter, the monthly benefit will be the product of the following:

(A / B) x C where:

A = Your adjusted predisability Earnings minus such income

B = Your adjusted predisability Earnings

C = The monthly benefit payable

To determine the amount deducted from each paycheck, use the following calculation and refer to the next three sections for information:

$$\frac{(\text{Benefit Base Rate}/100) \times \text{Age-band rate}}{26 \text{ (number of paychecks per year)}} = \text{Paycheck deduction}$$

Benefit Base Rate

The Benefit Base Rate (BBR) is an approximation of your annual Earnings. If you experience a change in your rate of pay, the revised amount will be reflected the first of the following month. If you change your employment status, your annual Earnings definition will change on the effective date of the status change.

TYPE OF ASSOCIATE	BENEFIT BASE RATE (not to exceed \$300,000)
Salaried Associates	Base annual salary
Hourly Associates	Current hourly rate x 2,080

Insurance Age

Your insurance age is your age as of your birthday. For example, if you turn age 45 on October 1, your insurance age will update on October 1 to 45.

Age-band Rates

Rates are based on five-year age bands. Each band, or segment of five years, reflects the amount of risk for that age range. Use your insurance age to determine which age-band rate applies to you. As you get older, your contributions may change because you will move into different age bands. Refer to the benefit rate tables posted on www.mycircuitcityhr.com for your age-band rate.

Benefits

Calculating Your Benefit Payments

Circuit City offers two separate LTD coverage levels with different benefit payments. The benefits under these Plans are not taxable and are calculated as follows:

60% LTD Plan

- 60% of your monthly Earnings (up to \$300,000 annually)

40% LTD Plan

- 40% of your monthly Earnings (up to \$425,000 annually)

The maximum monthly payment under either plan is \$15,000.

The minimum monthly payment under either plan is the greater of \$100 or 10% of the monthly LTD payment before deductions of other income benefits (as described below).

Long Term Disability Plan

Long Term Disability Plan

Associate Service Center

(800) 288-6353

www.aetna.com/group/circuitcity

The Company's Long Term Disability (LTD) Plan provides security for enrolled Associates who are unable to work due to a Medical Condition that lasts more than 26 weeks. The LTD Plan is fully insured by Aetna Life Insurance Company ("Aetna"). Refer to your Certificate of Coverage from Aetna for additional details about your LTD coverage.

This certificate can be found on the Aetna website at www.aetna.com/group/circuitcity.

Eligibility and Enrollment

Associate Eligibility

- All Regular Full-time Associates are eligible for coverage under this Plan the first of the month after completing one calendar month of service. Associates must be Actively at Work for coverage to become effective.

How to Enroll

Simply complete the on-line enrollment process at anytime. LTD coverage is subject to approval from Aetna. If you wait to enroll in LTD coverage after your initial 30-day eligibility window, your coverage will be subject to Evidence of Insurability (EOI).

Continuing Your Other Group Benefits

Your coverage under the Medical, Dental Care, Vision Care, Health Care and Dependent Care Spending Accounts, as well as Long Term Disability and Life Insurance Plans will continue for the first six months of your Disability leave, as long as you remain eligible. After the sixth month, you may continue your medical, dental, vision and health care spending account coverage as provided by COBRA; and you may be eligible to continue your Life Insurance Plan coverage at no cost to you through the Life Insurance Premium Waiver.

Refer to each Plan's section within this Summary Plan Description and/or the Associate Leave Standard Operating Policy for specific information about continued coverage during a leave of absence.

Contributions

Calculating your Contributions

Contributions for your LTD coverage are deducted directly from your paycheck on an after-tax basis. The amount of your contributions varies by your age and your Earnings. Rates are subject to change and you will be notified of any changes. Because LTD contributions are taxed when they are deducted from your paycheck, LTD benefit payments are not taxed at the time you receive them.

If you have not returned to work after 52 weeks (12 months), based on Company policy, your employment with the Company may be terminated, unless otherwise prohibited by federal or state law.

When Payments and Coverage End

When STD Payments End

STD payments will be made until the earliest of the following:

- You return to your regularly scheduled work hours prior to the end of your STD leave of absence;
- You exhaust your eligible benefits;
- You no longer have a Medical Condition, as certified by a Medical Doctor, that prevents you from working;
- The date you are able to work under the terms of the Company's policies for returning to work and you choose not to; or
- For pregnancy, 6 weeks following the date of a vaginal delivery or 8 weeks following a Caesarian delivery.

When STD Coverage Ends

Coverage under the Short Term Disability Plan will end on the earliest of the following:

- The date the Plan is terminated;
- The date you cease to be an eligible Associate;
- The date your employment with the Company ends;
- Your last day worked prior to taking a leave of absence, other than STD.

Return to Work with Restrictions

If your Medical Doctor decides that you are ready to return to work, but you must follow certain restrictions, notify your manager and the Associate Service Center immediately and provide written instructions from your Medical Doctor with details about your restrictions. In all cases, you will not be allowed to return to work until your manager and the Associate Service Center receive written notification from your Medical Doctor.

Under the terms of the Company's policies for returning to work, complete the request for Temporary Alternative Work (TAW) and submit it to your manager. Your manager will partner with Human Resources to determine if your restrictions can be met and, if so, how the restrictions will affect your work.

Job Protection

The Company will try to hold your position for you while you are out on STD leave. The Company cannot guarantee that your position or a comparable position will be open when you return to work, except when required by law.

If, due to business necessity, your position cannot be held, you may apply for any open position for which you are qualified. If an appropriate position is not available, your employment with the Company will be terminated.

Recurrent Short Term Disability

If you return to work and require another leave of absence due to a Medical Condition, your STD leave will be treated as continuous unless:

- You returned to your regularly scheduled work days for at least two calendar weeks prior to the second absence; or
- The cause of the second absence due to a Medical Condition is unrelated to the first, and you completed at least one regularly scheduled workday between absences.

Disability Leave after 26 Weeks

Long Term Disability

If your absence due to a Medical Condition is expected to continue beyond 26 weeks, and you are enrolled in the Company's Long Term Disability (LTD) Plan, you may be eligible for LTD payments. Refer to the "Long Term Disability" section for details.

Always notify your manager and the Associate Service Center about the length of time you will be away from work and when you expect to return.

Continuing Group Benefits Beyond 26 Weeks

Your coverage under the Medical, Dental Care, Vision Care, Health Care Spending Account, Dependent Care, as well as Long Term Disability and Life Insurance Plans will terminate at the end of six months. You may continue your Medical, Dental, Vision and/or Health Care Spending Account Plan coverage as provided by COBRA.

Refer to each Plan's section within this Summary Plan Description and/or the Associate Leave Standard Operating Policy for more information about continued coverage during a leave of absence.

You may apply for a Premium Waiver for your Life Insurance under certain circumstances. Refer to the Life Insurance section for details about Premium Waivers and continued coverage during a leave of absence. Also refer to the Associate Leave Standard Operating Policy for more information.

Filing an Appeal

You have the right to appeal any denied claim. You may authorize, in writing, a representative to act on your behalf in pursuing your claim or appeal. Your appeal should include the following:

- The name, address and telephone number of the person requesting a review
- The name and/or employee ID of the Associate
- Statement of opinion as to why the denial was improper
- Any new and/or additional information that may be deemed critical in changing the decision

**You must submit your appeal within 180 days from receipt of the denial
or you waive your right to request a review of the denied claim.**

Fax or mail written appeals to the Associate Service Center:

Associate Service Center
P.O. Box 563986
Charlotte, NC 28256-3986
Fax: (281) 298-0845

Claims and Appeals Review

The Plan will review your claim and make a decision within the allowable timeframe listed below.

- The Plan will notify you within 45 days of any denial or send a written notice for a 30-day extension.
- The Plan will notify you within the 30-day extension period if a second extension is needed (for a possible extension of up to 60 days).
- If any extension is needed due to lack of information from you, you will have 45 days from receipt of notice to provide the information, and the Plan's time for making a decision will be extended for 45 days, or, if shorter, the period of time it takes you to submit the additional information.
- You will have 180 days following receipt of a denial to request an appeal.
- The Plan must make a decision on the appeal within 45 days or send written notice for a 45-day extension.

Returning to Work

When your Medical Doctor releases you to return to work, it is important for you to report your return to work and provide required documentation to your manager and the Associate Service Center. You cannot return to work until your manager and the Associate Service Center receive a statement from your Medical Doctor indicating that you are able to return to work.

1. Report your return to work to your manager.
2. Call the Associate Service Center to notify them about your return to work.
3. Fax or mail your Medical Certification, with your release date and any applicable restrictions, to the Associate Service Center.

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Medical Certifications

Medical Certifications and/or equivalent statements must include all of the following:

- Diagnosis;
- ICD-9 code;
- Date of first day you are/were unable to work due to the condition;
- Projected full-duty release date or date of next office visit; and
- Physician's signature. (Must be from a Medical Doctor, MD or a Doctor of Osteopathy, DO.)

The Medical Certification and Authorization to Release Protected Health Information forms are required, even if your illness or injury is work-related. Payments will not be made until the Associate Service Center receives appropriate documentation for your absence(s).

You are required to provide updated Medical Certifications on a regular basis while you are absent on STD leave. You are responsible for any costs related to obtaining certifications.

After submitting your claim for STD, a letter will be sent to your home address on file, outlining your STD benefits, if any, your responsibilities while you are absent from work due to a Medical Condition and how to continue your group benefit coverage.

Authorization

In order to receive any payment under the STD Plan, you must sign and return an authorization giving the Company's health plan permission to release protected health information to the STD Plan administrator, or to any company hired by the Plan administrator to perform clinical management services assisting in the management of your case. The information that can be disclosed includes, but is not limited to, any information:

- Relating to a Medical Condition, disease or treatment;
- Necessary to determine your eligibility for benefits under the STD Plan;
- Necessary to monitor your Disability, including case management and quality control efforts.

Without the completed Authorization to Release Protected Health Information form, no STD payments will be made.

Second Opinion for Medical Certification

In some instances, the Company may require that you be examined by a Company-appointed Medical Doctor to make a final determination of your eligibility for STD payments. The Company will pay the costs for this examination. Based on the results, the Company reserves the right to limit your STD payments and/or the length of your STD leave.

Generally, this applies if the length of time requested by your Medical Doctor is longer than normally required for a similar Medical Condition, in the opinion of the Company-appointed Medical Doctor. You are responsible for any fees charged to the Company for missed appointments.

Substance Abuse Special Certification

Before you return to work from STD leave resulting from substance abuse (not including illegal drug use), you must:

- Provide certification from your Medical Doctor that you have successfully completed a course of rehabilitative treatment; and
- Sign a letter acknowledging that you may be subject to future substance abuse testing and that a second such absence may result in termination of your employment.

Recurrent Long Term Disability

If you return to work and require another leave of absence due to the same condition, the second leave of absence will be considered a continuation of the prior leave if all of the following conditions apply:

- The separation between the two leaves occurs during the Elimination Period and the periods are separated by less than 15 consecutive work days;
- The separation occurs after the Elimination Period and the periods are separated by less than six consecutive months.

Survivor Benefit

In the event of your death while you are receiving LTD payments:

- Aetna will pay your eligible survivor(s)* a single, lump sum benefit equal to three times the monthly LTD payment, not reduced for other income benefits, for which you were eligible in the full month just before the month in which you die.
- If you die before you are eligible for one full monthly LTD payment, the benefit will be three times the monthly benefit, not reduced by other income benefits, for which you would have been eligible if you had not died, for the first full month after the month in which you die.

*An eligible survivor is:

- Your legally married spouse at the date of your death; or
- If there is no such spouse, your biological or legally Adopted Child(ren) under age 25 who is not married and is depending mainly on you for support.

Special Services

You can receive up to \$250 per child per month (up to \$500 monthly) for childcare if you are in approved rehabilitation from the sixth through the twenty-fourth month of total Disability.

Covered Disabilities

LTD payments are made when a participating Associate qualifies as disabled. Under this Plan, "disabled" means due to disease or Injury in which:

- You are not able to perform the material duties of your own occupation; and
- Your work Earnings are 80% or less than your adjusted predisability Earnings.

After benefits under the Plan have been paid for 12 months, you may continue to receive benefits if:

- You are not able to work at any reasonable occupation solely because of disease or Injury; and
- Your work Earnings are 60% or less than your adjusted predisability Earnings.

Mental Health and Psychiatric Condition Limitation

LTD payments will be made for 24 months for mental health or psychiatric conditions that meet the definition of disabled, as defined in this section. Mental health and psychiatric benefits will continue beyond 24 months only if you are confined as an inpatient in a Hospital or treatment facility as a result of the condition that caused the first 24 months of Long Term Disability.